CLAIMS ONLY

Application Number	Filing Date
10/639264	
Applicant(s)	

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend		Indep	Depend	Indep	Depend	Indep	Depend
~~1~~							51						
~~2~~							52						
~~3~~							53						
~~4~~							54						
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~~6~~							56						
7		1					57						
~~8~~							58						
9		1					59						
10		1					60						
11		1					61						
12		1					62						
13		1					63						
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18		1					68						
19	1						69						
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44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
Total Indep	1						Total Indep						
Total Depend	11						Total Depend						
Total Claims	12						Total Claims						